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Evaluation Report

of

Teacher Training

in

HIV/AIDS Education



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1995-96 TEACHER TRAINING EVALUATION REPORT
HIV/STD EDUCATION PROGRAM
MONTANA OFFICE OF PUBLIC INSTRUCTION

August 1996

Submitted to:
Montana Office of Public Instruction
HIV/STD Education Program
State Capitol
Helena, Montana 59620-2501

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I. INTRODUCTION

The Montana HIV/STD Education Program of the Office of Public Instruction (OPI), through a cooperative agreement with the Division of Adolescent and School Health of the U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools in Montana in organizing and delivering HIV/STD education programs. Major emphases of the program are training and developing activities and skills for teachers to provide effective HIV/STD prevention education at the school district level. Training activities center on continuing education for regional trainers who, in turn, offer training to local teachers on HIV prevention education.

A specialized "Train-the-Trainers" workshop on HIV prevention curricula with credible evidence of effectiveness (specifically, *Reducing the Risk*®) was held in Billings in August 1994 prior to the start of the school year. At this workshop, 19 regional trainers participated in training sessions that would enable them to conduct similar training sessions for other teachers, both in their own school districts and in surrounding districts. During the 1995-96 school year, the trainers conducted eight regional training seminars for teachers where 202 teachers were trained in effective HIV/STD prevention education.

It should be noted that the Montana HIV/STD Education Program and its regional trainers conducted other workshops and educational activities besides the eight regional teacher training workshops. These other activities include 17 teacher trainings that were less than five hours in duration (thus not qualifying for teacher certification renewal units and not evaluated in the same manner as a regional training), nine workshops for ancillary school staff, 27 community presentations on awareness of AIDS issues and the role of school-based HIV prevention education, two one-on-one teacher

mentorship projects, five peer education projects, and two workshops for school administrators regarding appropriate communicable disease policies.

In July 1995, OPI contracted with Dodge Data Systems, Inc. of Helena to provide survey and evaluation services. A major emphasis of the contract was to evaluate the teacher training program within the HIV/STD Education Program. This report details the methods used to evaluate the training, the results of the evaluation process, and recommendations for changes within the training program. Appendix A contains the results of the post-test surveys related to knowledge inventory, ability inventory, and prevention education barrier inventory, and Appendix B contains the survey instruments used in this evaluation.

II. EVALUATION

A. Overview and Objectives

Key training components for the 1995-1996 teacher training program were the comprehensive state-level "Train-the-Trainers" workshop for regional trainers and the eight regional workshops for teachers. The comprehensive training session for regional trainers provided 24 hours of classroom training. Each of the regional workshops provided five to six hours of training in skills-based activities.

It was the expectation of the HIV/STD Education Program that the comprehensive state-level training session would prepare the regional trainers to:

- 1) understand the role of a regional trainer and the role of the HIV/STD Education Program in developing competent, confident and knowledgeable teachers in local schools regarding HIV/STD prevention education;
- 2) refine the design for HIV/STD teacher training regional workshops and incorporate more skills development activities from curricula with credible evidence of effectiveness;
- 3) lead HIV, AIDS, and STD training activities;
- 4) conduct regional HIV/STD teacher training sessions for local area teachers;
- 5) employ a step-by-step process for setting up, conducting, and evaluating each regional training;

- 6) conduct HIV/STD awareness, education and worksite safety workshops for ancillary staff persons from local area schools;
- 7) conduct community workshops to promote an understanding of effective school-based HIV/STD prevention education;
- 8) provide one-to-one teacher mentoring; and
- 9) develop a peer education component to complement the teacher training workshops.

The objectives of the state-level and regional workshops were nearly identical, with some adjustment depending on participants. Principal objectives for comprehensive workshops were to:

- 1) increase knowledge and skills to teach effectively about HIV and STD;
- 2) increase comfort level and competency in teaching about HIV and STD prevention;
- 3) use a step-by-step approach to practice developing, conducting, and evaluating teacher training on HIV;
- 4) understand basic components of effective training design including needs assessment, writing objectives, principles of design writing, using training management checklists and adult learning theory;
- 5) learn skills for effective group management and leadership;
- 6) clarify their roles as trainers for HIV education;
- 7) be able to identify their own values and attitudes related to HIV and to promote respect for religious, cultural, and attitudinal diversity;
- 8) be able to experience a wide range of learning techniques;
- 9) acquire skills in handling controversial aspects of HIV; and

- 10) observe and critique a sample HIV teacher training session.

It should be noted that regional trainers must demonstrate exceptional knowledge of basic HIV information, policy issues, school methodology, curriculum development and design, and strategies to integrate HIV education into a comprehensive health curriculum.

B. Evaluation Process

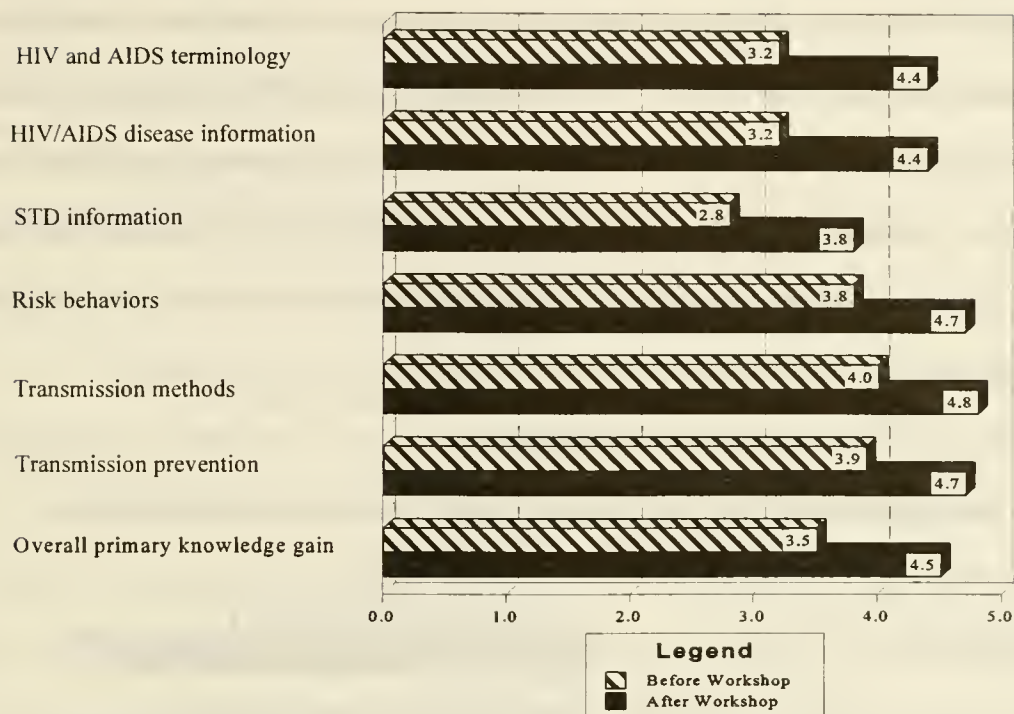
A formative evaluation process was developed and the following sources of information were used to evaluate each of the workshops: 1) direct observation; 2) post-training surveys related to knowledge of HIV issues and to confidence in ability to carry out key component activities of a successful HIV education project; 3) a perceived barrier inventory administered after the training sessions; and 4) a rating and open-ended evaluation by each of the workshop participants. The results of the evaluation process are presented in the following sections of the report.

C. HIV Prevention Education Knowledge Inventory

Workshop participants were asked about the level of their knowledge **before** and **after** the workshops regarding HIV/AIDS information, resource availability and access levels, teaching skills development and policy issues. Knowledge levels were rated from 5 (high degree of knowledge) to 1 (low degree of knowledge) for all questions in the knowledge inventory. Primary HIV/AIDS knowledge topics included HIV/AIDS terminology, HIV/AIDS disease information, STD information, risk behavior, transmission methods, and transmission prevention. Participants rated their overall knowledge of these primary topics at 3.5 before the workshop and 4.5 after the workshop (Figure 1 and Appendix A, pages A1 and A2), which indicates that participants felt there was significant

FIGURE 1

PRIMARY HIV/AIDS EDUCATION KNOWLEDGE COMPONENTS



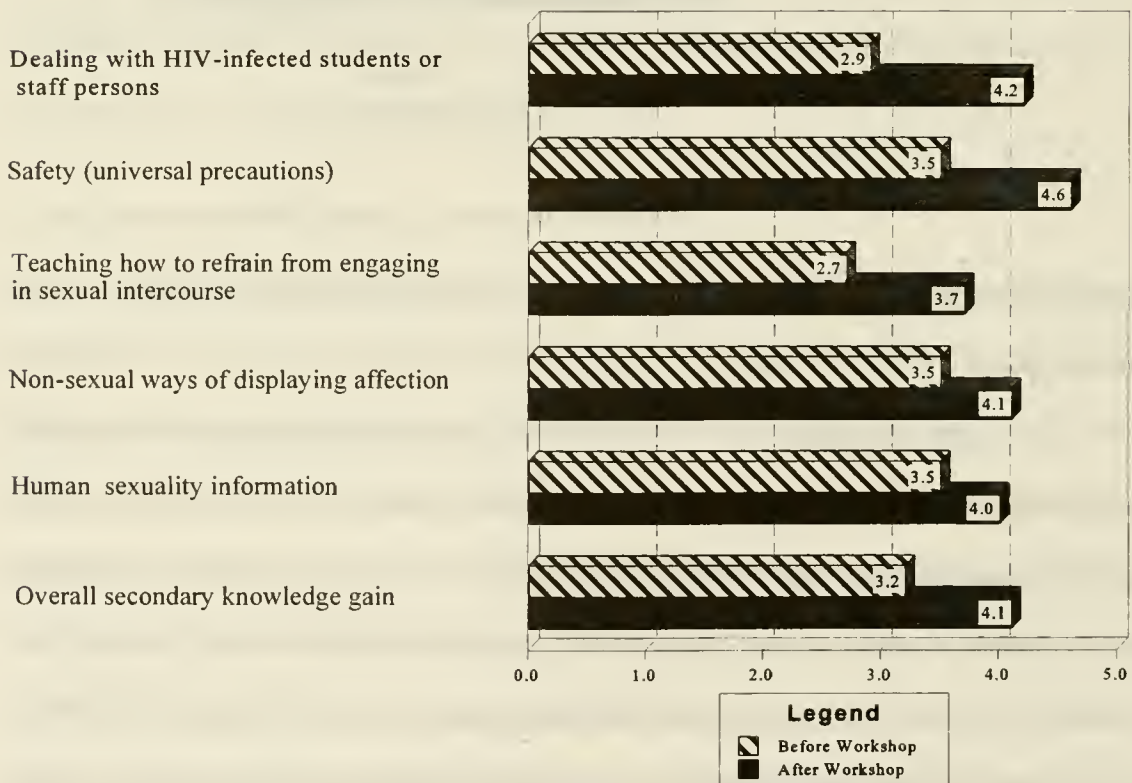
overall knowledge gained in primary HIV/AIDS information from the workshop (a 29 percent gain).

High knowledge gains in individual primary topics were reported with HIV/AIDS terminology and HIV/AIDS disease information (both increased from 3.2 to 4.4, or a 38 percent knowledge gain) and with STD information (2.8 to 3.8, or a 36 percent knowledge gain). Lesser primary knowledge gains were reported with transmission methods and prevention (4.0 to 4.8, or a 20 percent knowledge gain). However, participants felt that their levels of knowledge of transmission methods and prevention were substantial before the workshop, since these two primary components were the highest knowledge levels reported both before and after the workshop.

Secondary HIV/AIDS knowledge topics included dealing with HIV-infected students or staff persons, safety (universal precautions), teaching how to refrain from engaging in sexual intercourse (abstinence), non-sexual ways of displaying affection, and human sexuality information. Participants rated their overall knowledge of these secondary topics at 3.2 before the workshop and 4.1 following the workshop (Figure 2 and Appendix A, pages A2 and A3), which indicates that participants felt there was significant overall knowledge gained in secondary HIV/AIDS information from the workshop (a 28 percent gain).

FIGURE 2

SECONDARY HIV/AIDS EDUCATION KNOWLEDGE COMPONENTS



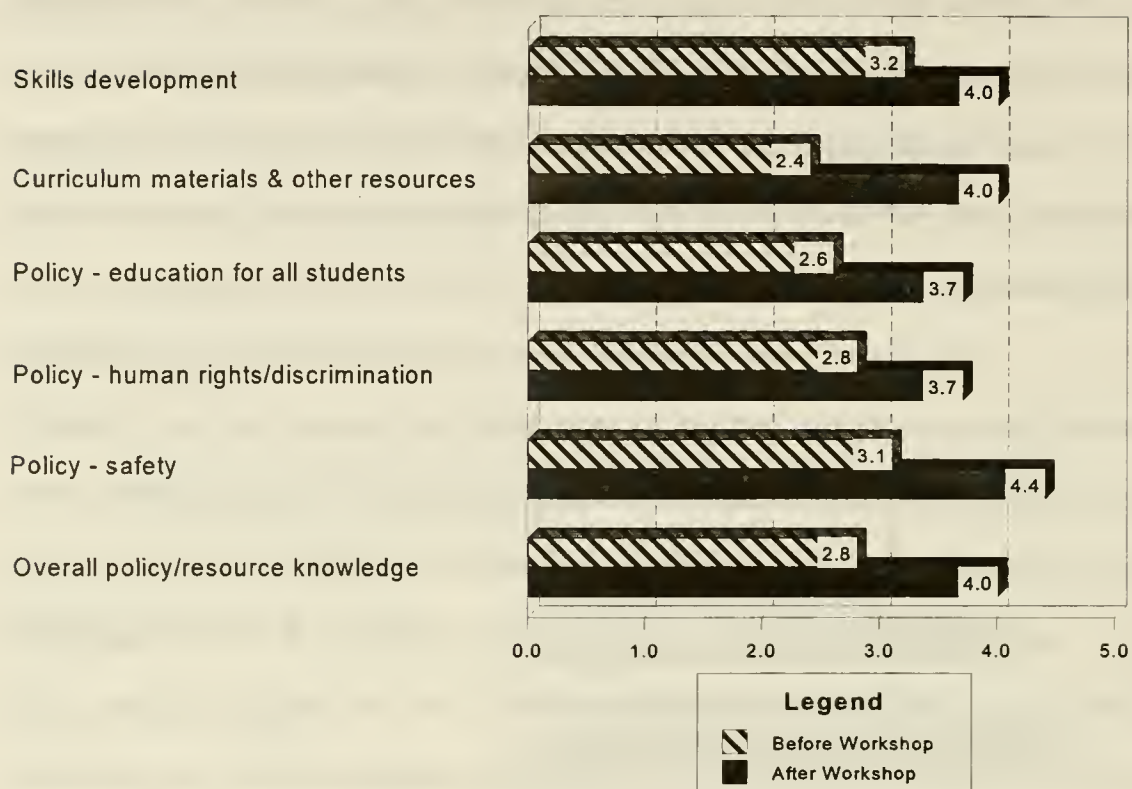
High knowledge gains in individual secondary topics were reported in dealing with HIV-infected students or staff persons (2.9 to 4.2, or a 45 percent knowledge gain), teaching how to refrain from engaging in sexual intercourse (2.7 to 3.7, or a 37 percent gain), and safety or universal precautions (3.5 to 4.6, or a 31 percent knowledge gain). The smallest gains in secondary knowledge components were reported in non-sexual ways to display affection (3.5 to 4.1, or a 17 percent gain) and human sexuality information (3.5 to 4.0, or a 14 percent gain).

Resource and policy knowledge topics included skills development (decision-making skills, refusal skills, problem solving, and critical thinking), curriculum materials and other resources, policy issues related to education for all students, policy issues related to human rights and discrimination, and policy issues related to safety (blood/body fluid cleanup, etc.). Participants rated their overall knowledge of these resource and policy topics at 2.8 before the workshop and 4.0 after the workshop (Figure 3 and Appendix A, pages A3 and A4), which indicates that participants felt there was significant overall knowledge gained in secondary HIV/AIDS information from the workshop (a 43 percent knowledge gain).

High knowledge gains were reported with curriculum materials and other resources (2.4 to 4.0, or a 67 percent knowledge gain), policy issues related to safety (3.1 to 4.4, or a 42 percent knowledge gain), and policy issues related to education for all students (2.6 to 3.7, or a 42 percent gain in knowledge). Lesser knowledge gains were reported in skills development and policy issues related to human rights and discrimination. Participants felt they became most knowledgeable about policy issues related to safety, which they reported at a level of 4.4 following the workshops.

FIGURE 3

RESOURCES/POLICIES HIV/AIDS KNOWLEDGE COMPONENTS



D. HIV Prevention Educator Ability Inventory

Success in providing effective HIV education requires more than knowledge about HIV. It also requires educators to be confident in their ability to provide students with an effective instructional program.

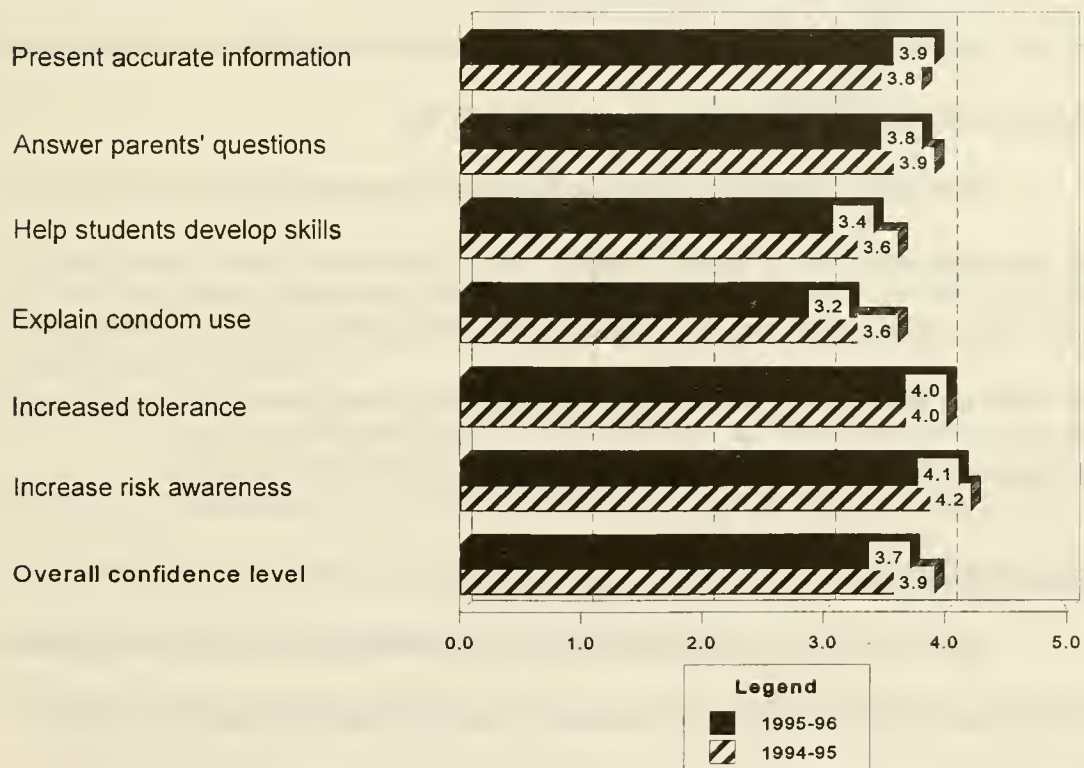
The confidence inventory consisted of a six-question survey that was administered to workshop participants after the training session. Respondents were asked to assess self-confidence in their ability to carry out activities that are key components of all successful HIV education programs. Participants were queried to rank

their perceived confidence on a scale from 1 to 5, with 5 being completely confident and 1 being not at all confident.

Results of the pre-test survey indicated that following the training session, most workshop participants had strong confidence in their ability to carry out the listed activities (Figure 4 and Appendix A, pages A5 and A6). The overall confidence level listed for all categories was 3.9 (on the 5 scale), which indicates a strong confidence in their abilities to deliver quality HIV-related education. The highest degree of confidence was exhibited in the workshop participants' ability to help students reach a more accurate perception of their risk to infection with HIV (4.2 rating) and to increase student tolerance

FIGURE 4

HIV PREVENTION EDUCATION ABILITY INVENTORY



toward people with HIV or AIDS (4.0 rating).

E. HIV Prevention Education Barrier Inventory

Workshop participants were asked to rate the degree to which various potential barriers were present and preventing implementation of effective HIV prevention education in their individual school districts. Nine potential barriers were listed and respondents were asked to rank the potential barriers from 5 (major barrier) to 1 (not a barrier). Figure 5 lists the results of the survey as reported by workshop participants.

The most significant barriers as seen by the workshop participants were parental resistance to HIV education in school settings and perceptions that youth in their particular communities are not at risk for HIV infection (Figure 5 and Appendix A, pages A7 and A8). Other important barriers noted were concerns that sexually explicit information will encourage promiscuous sexual behavior and the difficulty in integrating HIV/AIDS materials into an already saturated curriculum.

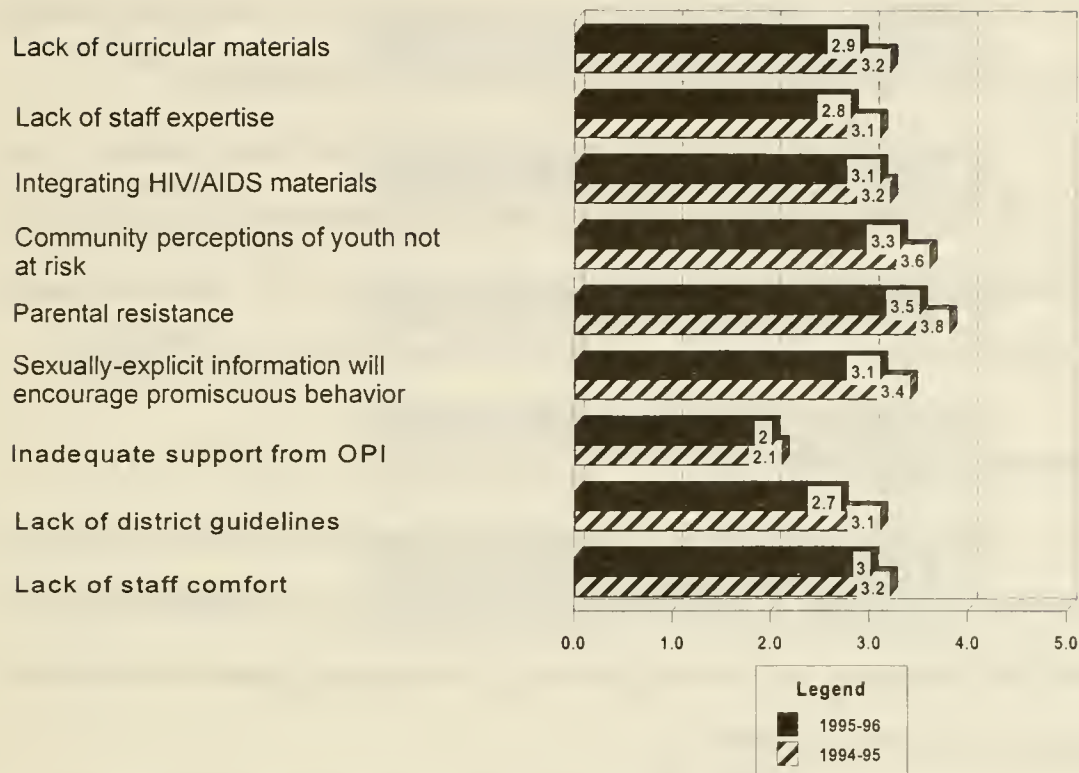
None of the potential barriers listed were rated as being major barriers, as the overall rating was 2.9 (nearly midway between 5 as a major barrier and 1 as not being a barrier). The potential barrier rated the lowest was inadequate support from the Montana Office of Public Instruction -- apparently, most workshop participants felt that OPI was doing its part in implementing effective HIV prevention education in schools.

F. General Questions

Several general questions related to HIV education and training were asked of all workshop participants. Nearly 24 percent of the workshop participants had attended other OPI-sponsored prevention workshops in the past three years. Sixty-eight percent

FIGURE 5

HIV PREVENTION EDUCATION BARRIERS



of the participants indicated that they were taking the training sessions for teacher certification renewal credits.

When asked to rate their overall knowledge and confidence levels (on a scale from 5 to 1), participants felt that they were highly knowledgeable (average ranking was 4.1) and quite confident (3.8 average ranking). These levels are substantiated by the rankings in the individual areas as previously reported.

Open-ended questions were asked regarding how OPI could assist in removing barriers to presenting effective HIV prevention education, and what other topic areas could have been covered in the workshops. Most of the comments regarding

additional OPI assistance in removing potential barriers were related to expanding the workshops and expanding information delivered by OPI to include communities, school boards, and students (Appendix A, pages A10 and A11). Other comments included making more information available, and continuing the current workshops.

When queried as to what other topics should have been covered in the workshops, respondents most often mentioned additional materials and making more time available to conduct the workshops (Appendix A, pages A12 and A13). Many comments were complimentary in nature, and encouraged continued offering of the workshops.

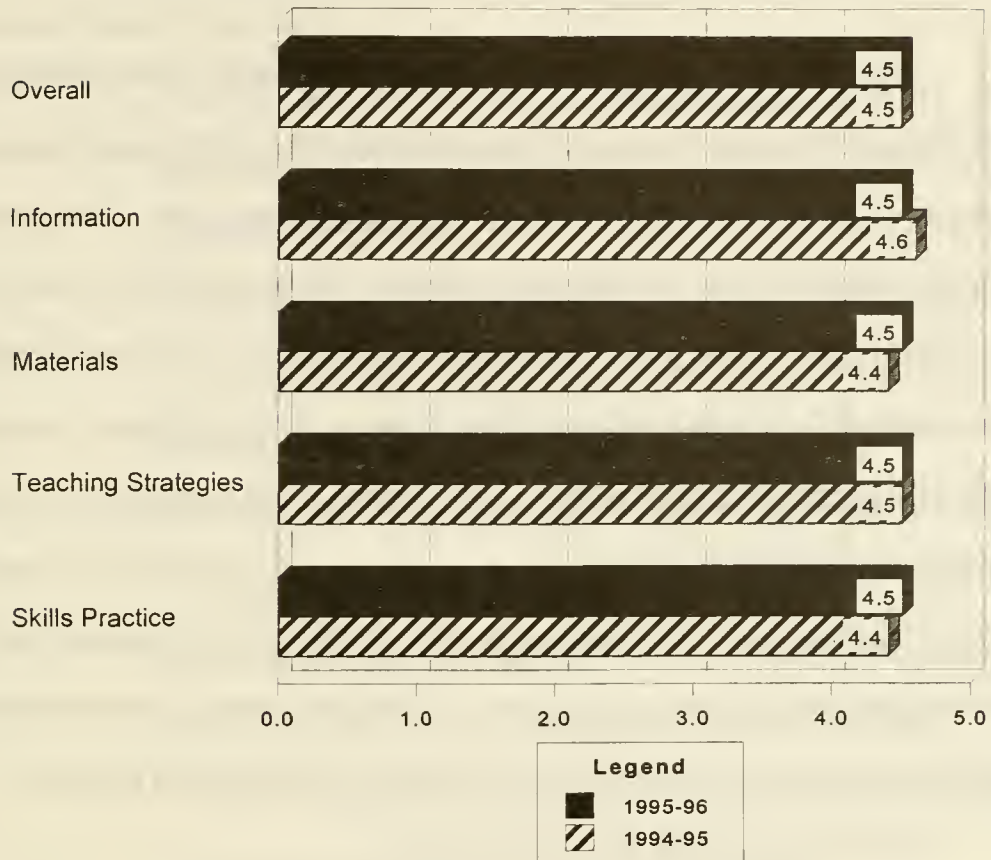
G. Workshop Evaluations

Each training session was evaluated by the participants using a summary evaluation form (Appendix B, page B6). Workshop participants were asked to rate the workshop with respect to: 1) an overall evaluation; 2) information; 3) materials; 4) teaching strategies; and 5) skills practice.

Most components of the workshops were rated above average to superior (Figure 6 and Appendix A, page A15). The strategies and materials provided received the highest superior rating, yet all components received very high ratings (averaging 4.5 on a 5-point scale). None of the workshop participants thought any of the workshops were below average.

FIGURE 6

HIV PREVENTION EDUCATION SUMMARY EVALUATION



III. CONCLUSIONS AND RECOMMENDATIONS

From 1990 through the 1995-96 school year, the Office of Public Instruction's HIV/STD Education Program has provided formal, multiple-hour, skills-based training and education to 2,991 teachers, administrators, and ancillary school staff. Data gathered from the knowledge inventory, educator ability inventory, barrier inventory, and summary evaluation during the 1995-96 school year suggest that the HIV/STD Education Program has been successful in achieving its goals related to teacher training activities. The before and after self-reported gains in knowledge were significant and indicate that workshop participants are obtaining the knowledge they need to conduct HIV/STD prevention education. In addition, most of the participants in the 1995-96 training sessions rated the overall education from the sessions as superior. Participants' written comments obtained during the trainer evaluation reflected high satisfaction with the training workshops:

"Good job! Even the second time around."

"I felt it was a good workshop and talking about Hepatitis B blended in and made it interesting."

"This workshop was very beneficial - we need more training such as this."

"It was great! Lots of super information and very 'down to earth' presenters. Interesting and educational."

The success of the teacher training program is entirely attributable to the professional and enthusiastic OPI staff and the willingness of the dedicated regional trainers to continue to offer their time and abilities in teaching HIV prevention education. Many of the trainers have been with the program since its inception and continue to set standards and practice work ethics that make the training program a success.

Recommendations that program staff should consider for maintaining the effective elements in the teacher training program and for improving other program elements include the following:

- 1) Continue the evaluation of individual regional teacher training workshops using the assessment instrument which measures knowledge and issues.
- 2) Continue to evaluate the regional trainers through on-site observation by OPI staff using an evaluation tool specifically designed for this purpose.
- 3) Continue to provide effective HIV prevention education and skills-based training that emphasizes behavioral decisions and provides participants with adequate opportunities to practice educational strategies that will result in students who are better able to avoid HIV infection.
- 4) Continue OPI and local district administrative support to the regional HIV educator trainers throughout the school year.
- 5) Continue efforts to increase school administrator support for effective HIV prevention education that is incorporated into a comprehensive plan of school health education.
- 6) Continue to assess and address perceived barriers to HIV prevention education in Montana schools and youth organizations.
- 7) Continue active support to administrators and teachers in developing the ability to remove barriers to effective HIV prevention education.

- 8) Continue to monitor and facilitate the development, revision and implementation of appropriate HIV/AIDS policies at the school district level.
- 9) Continue to nurture collaborative HIV/STD prevention education efforts with other state and community agencies and organizations.
- 10) If persons infected or affected by HIV or AIDS are used to increase awareness, then these persons should be qualified via specifically designed training and their presentations limited to messages of self-responsibility and sensitivity to persons infected with HIV.
- 11) Consider implementing a multi-day, intensive HIV and STD prevention education workshop focusing on skills development and practice with HIV and STD prevention curricula with credible evidence of effectiveness. This workshop should be held in the summer to eliminate the disruption of the regular school year.
- 12) Investigate the possibility of expanding the core of knowledgeable school-based resource persons by increasing the role of the regional trainers to develop school-based training associates.
- 13) Investigate the possibility of a recertification requirement for all teachers of health-related subjects that would be based on attending an OPI-sponsored or endorsed HIV/STD prevention education workshop once every five years.
- 14) Investigate the possibility of certifying ancillary school staff who attend an OPI-sponsored or endorsed HIV prevention workshop as meeting the

requirements under Montana law for staff training regarding blood-borne pathogens.

- 15) Investigate the possibility of a Board of Public Education-authorized position statement encouraging all local school boards to adopt policies or position statements ensuring: (a) the provision in their schools of effective, age-appropriate and scientifically accurate HIV/AIDS education, (b) that teachers who provide the education are given training in skills-based, age-appropriate HIV/STD prevention strategies, and (c) that all school staff are provided current scientific information on worksite safety regarding HIV prevention (i.e., universal precautions).

INFORMATION SOURCES

ETR Associates, Santa Cruz, California. 1991-92. Teaching HIV/AIDS: Teacher Training Manual.

Montana Office of Public Instruction, HIV/STD Education Program, Helena, Montana. July 1992. Montana Teacher Training Evaluation Report.

Montana Office of Public Instruction, HIV/STD Education Program, Helena, Montana. December 1995. 1994-95 Teacher Training Evaluation Report.

U.S. Centers for Disease Control, Atlanta, Georgia. May 1992. Handbook for Evaluating HIV Education.

U.S. Centers for Disease Control, Atlanta, Georgia. May 1992. Evaluating HIV Staff Development Programs.

APPENDIX A

HIV PREVENTION EDUCATION SURVEY FREQUENCY DISTRIBUTIONS

THEORY OF THE EARTH

CHAPTER I. OF THE ORIGIN AND GROWTH OF THE EARTH.

§ 1. The Earth is supposed to have been created out of a state of chaos, or a confused mass of matter, by the power of God.

§ 2. The first stage of the Earth's history is the formation of the solid globe, which is supposed to have been completed in the space of six days.

§ 3. The second stage is the formation of the atmosphere, which is supposed to have been completed in the space of six days.

§ 4. The third stage is the formation of the vegetation, which is supposed to have been completed in the space of six days.

CHAPTER II.

OF THE HISTORY OF THE EARTH, FROM THE BEGINNING OF THE WORLD TO THE PRESENT TIME.

**1995-96 HIV PREVENTION EDUCATION EVALUATION
KNOWLEDGE INVENTORY FREQUENCY DISTRIBUTIONS**

NOTE: The following frequency distributions are based upon surveys completed by 204 teachers trained by the HIV/AIDS Prevention Education Program. Percents may not total 100 percent due to rounding.

Q-1 Please circle the appropriate number to indicate your knowledge level in the listed areas before and after this workshop. (1 is a low knowledge level; 5 is a high knowledge level)

A) HIV and AIDS terminology

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 7.9% | 29.2% | 43.6% | 15.3% | 4.0% |
| After Workshop | 51.1% | 41.3% | 7.1% | 0.5% | 0.0% |

B) HIV/AIDS disease information

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 5.4% | 28.2% | 50.0% | 13.9% | 2.5% |
| After Workshop | 50.5% | 42.9% | 6.0% | 0.5% | 0.0% |

C) STD information

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 8.5% | 19.9% | 34.3% | 19.4% | 17.9% |
| After Workshop | 23.5% | 45.9% | 23.0% | 5.5% | 2.2% |

D) Risk behaviors

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 26.2% | 40.6% | 23.8% | 7.9% | 1.5% |
| After Workshop | 69.0% | 28.3% | 2.2% | 0.5% | 0.0% |

Q-1 (Cont'd)**E) Transmission methods**

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 33.2% | 39.1% | 22.8% | 3.5% | 1.5% |
| After Workshop | 77.2% | 21.7% | 0.5% | 0.5% | 0.0% |

F) Transmission prevention

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 31.5% | 39.0% | 22.5% | 6.5% | 0.5% |
| After Workshop | 76.9% | 20.9% | 1.6% | 0.0% | 0.5% |

G) Dealing with HIV-infected students or staff persons

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 6.4% | 19.3% | 38.6% | 25.7% | 9.9% |
| After Workshop | 35.9% | 51.6% | 10.9% | 0.5% | 1.1% |

H) Safety (universal precautions)

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 14.9% | 34.3% | 34.3% | 14.4% | 2.0% |
| After Workshop | 61.2% | 33.3% | 4.9% | 0.5% | 0.0% |

I) Teaching how to refrain from engaging in sexual intercourse

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 8.0% | 12.4% | 35.3% | 25.4% | 18.9% |
| After Workshop | 26.1% | 34.8% | 27.2% | 9.8% | 2.2% |

Q-1 (Cont'd)

J) Non-sexual ways of displaying affection

| | High Knowledge 5 | <---- 4 | 3 | ----> 2 | Low Knowledge 1 |
|-----------------|------------------------|------------|-------|------------|-----------------------|
| Before Workshop | 17.4% | 34.3% | 28.9% | 16.4% | 3.0% |
| After Workshop | 37.7% | 39.3% | 15.8% | 6.0% | 1.1% |

K) Human sexuality information

| | High Knowledge 5 | <---- 4 | 3 | ----> 2 | Low Knowledge 1 |
|-----------------|------------------------|------------|-------|------------|-----------------------|
| Before Workshop | 14.0% | 36.5% | 33.5% | 14.5% | 1.5% |
| After Workshop | 28.9% | 46.7% | 18.9% | 4.4% | 1.1% |

L) Skills development (decision-making skills, refusal skills, problem solving and critical thinking)

| | High Knowledge 5 | <---- 4 | 3 | ----> 2 | Low Knowledge 1 |
|-----------------|------------------------|------------|-------|------------|-----------------------|
| Before Workshop | 7.5% | 31.0% | 44.0% | 13.5% | 4.0% |
| After Workshop | 27.5% | 47.3% | 19.8% | 4.9% | 0.5% |

M) Curriculum materials and other resources

| | High Knowledge 5 | <---- 4 | 3 | ----> 2 | Low Knowledge 1 |
|-----------------|------------------------|------------|-------|------------|-----------------------|
| Before Workshop | 2.0% | 11.5% | 33.5% | 31.5% | 21.5% |
| After Workshop | 30.1% | 42.1% | 23.5% | 4.4% | 0.0% |

N) Policy issues: education for all students

| | High Knowledge 5 | <---- 4 | 3 | ----> 2 | Low Knowledge 1 |
|-----------------|------------------------|------------|-------|------------|-----------------------|
| Before Workshop | 4.0% | 14.0% | 33.5% | 32.0% | 16.5% |
| After Workshop | 25.6% | 35.0% | 27.8% | 9.4% | 2.2% |

Q-1 (Cont'd)**O) Policy issues: human rights/discrimination**

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 7.0% | 18.6% | 38.7% | 23.6% | 12.1% |
| After Workshop | 25.6% | 32.8% | 31.1% | 8.3% | 2.2% |

P) Policy issues: safety (blood/body fluid cleanup, etc.)

| | High Knowledge 5 | <----- 4 | 3 | -----> 2 | Low Knowledge 1 |
|-----------------|------------------------|-------------|-------|-------------|-----------------------|
| Before Workshop | 10.0% | 21.4% | 44.8% | 18.4% | 5.5% |
| After Workshop | 51.4% | 37.0% | 9.9% | 1.7% | 0.0% |

**1995-96 PREVENTION EDUCATION EVALUATION
ABILITY INVENTORY FREQUENCY DISTRIBUTIONS**

Q-2 Now that you have participated in a comprehensive staff development workshop for HIV educators, how confident are you that you can:

A) Present accurate information to students

| | Completely Confident 5 | <---- 4 | 3 | ----> 2 | Not At All Confident 1 |
|----------|------------------------------|------------|-------|------------|------------------------------|
| Response | 19.8% | 50.8% | 28.9% | 0.5% | 0.0% |

B) Answer parent's questions about HIV information

| | Completely Confident 5 | <---- 4 | 3 | ----> 2 | Not At All Confident 1 |
|----------|------------------------------|------------|-------|------------|------------------------------|
| Response | 16.1% | 53.2% | 29.6% | 1.1% | 0.0% |

C) Help students to develop skills to refrain from sex

| | Completely Confident 5 | <---- 4 | 3 | ----> 2 | Not At All Confident 1 |
|----------|------------------------------|------------|-------|------------|------------------------------|
| Response | 14.1% | 26.6% | 46.7% | 9.8% | 2.7% |

D) Explain to students at appropriate ages how a condom should be used

| | Completely Confident 5 | <---- 4 | 3 | ----> 2 | Not At All Confident 1 |
|----------|------------------------------|------------|-------|------------|------------------------------|
| Response | 16.3% | 26.6% | 27.7% | 16.8% | 12.5% |

E) Increase students' tolerance toward people with HIV or AIDS

| | Completely Confident 5 | <---- 4 | 3 | ----> 2 | Not At All Confident 1 |
|----------|------------------------------|------------|-------|------------|------------------------------|
| Response | 28.0% | 45.2% | 25.3% | 1.6% | 0.0% |

Q-2 (Cont'd)

F) Help students reach a more accurate perception of their risk to infection with HIV

| | Completely Confident 5 | <----- 4 | 3 | -----> 2 | Not At All Confident 1 |
|----------|------------------------------|-------------|-------|-------------|------------------------------|
| Response | 30.1% | 53.8% | 15.6% | 0.5% | 0.0% |

**1995-96 HIV PREVENTION EDUCATION EVALUATION
EDUCATION BARRIER INVENTORY FREQUENCY DISTRIBUTIONS**

Q-3 Listed below are potential barriers to implementing effective HIV prevention education in schools. Please rate the extent to which each potential barrier affects HIV prevention education in your school.

A) Lack of curricular materials appropriate for use in our school.

| | Major Barrier 5 | <---- 4 | 3 | ----> 2 | Not A Barrier 1 |
|----------|-----------------------|------------|-------|------------|-----------------------|
| Response | 8.7% | 22.7% | 34.3% | 18.6% | 15.7% |

B) Lack of staff expertise in teaching HIV prevention to our students.

| | Major Barrier 5 | <---- 4 | 3 | ----> 2 | Not A Barrier 1 |
|----------|-----------------------|------------|-------|------------|-----------------------|
| Response | 7.5% | 21.8% | 29.9% | 22.4% | 18.4% |

C) Difficulty integrating AIDS materials into an already saturated curriculum.

| | Major Barrier 5 | <---- 4 | 3 | ----> 2 | Not A Barrier 1 |
|----------|-----------------------|------------|-------|------------|-----------------------|
| Response | 11.9% | 27.8% | 29.5% | 21.0% | 9.7% |

D) Perceptions that youth in our community are not at risk of HIV infection.

| | Major Barrier 5 | <---- 4 | 3 | ----> 2 | Not A Barrier 1 |
|----------|-----------------------|------------|-------|------------|-----------------------|
| Response | 12.6% | 33.9% | 29.9% | 15.5% | 8.0% |

E) Parental resistance to HIV education school settings.

| | Major Barrier 5 | <---- 4 | 3 | ----> 2 | Not A Barrier 1 |
|----------|-----------------------|------------|-------|------------|-----------------------|
| Response | 14.1% | 37.6% | 34.7% | 11.2% | 2.4% |

Q-3 (Cont'd)

F) Concern that sexually-explicit information will encourage promiscuous sexual behavior.

| | Major Barrier 5 | <----- 4 | 3 | -----> 2 | Not A Barrier 1 |
|----------|-----------------------|-------------|-------|-------------|-----------------------|
| Response | 12.0% | 25.1% | 33.1% | 20.6% | 9.1% |

G) Inadequate support from the Office of Public Instruction.

| | Major Barrier 5 | <----- 4 | 3 | -----> 2 | Not A Barrier 1 |
|----------|-----------------------|-------------|-------|-------------|-----------------------|
| Response | 0.6% | 4.8% | 23.5% | 31.3% | 39.8% |

H) Lack of district or school guidelines.

| | Major Barrier 5 | <----- 4 | 3 | -----> 2 | Not A Barrier 1 |
|----------|-----------------------|-------------|-------|-------------|-----------------------|
| Response | 5.9% | 17.2% | 36.1% | 25.4% | 15.4% |

I) Lack of staff comfort in teaching HIV.

| | Major Barrier 5 | <----- 4 | 3 | -----> 2 | Not A Barrier 1 |
|----------|-----------------------|-------------|-------|-------------|-----------------------|
| Response | 8.1% | 25.0% | 35.5% | 19.2% | 12.2% |

**1995-96 HIV PREVENTION EDUCATION EVALUATION
HIV PREVENTION EDUCATION GENERAL QUESTIONS
FREQUENCY DISTRIBUTIONS**

Q-4 Have you attended any other OPI-sponsored HIV/STD prevention workshop in the past three years?

| | <u>Percent Responding</u> |
|--------|---------------------------|
| A) Yes | 23.6% |
| B) No | 76.4% |

Q-5 Are you taking this workshop for teacher certification renewal units?

| | <u>Percent Responding</u> |
|--------|---------------------------|
| A) Yes | 68.1% |
| B) No | 31.9% |

Q-6 Please rate your overall knowledge of HIV/AIDS information (Circle one choice):

| | Good 5 | <----- 4 | 3 | -----> 2 | Poor 1 |
|----------|-----------|-------------|-------|-------------|-----------|
| Response | 26.8% | 55.8% | 16.3% | 1.1% | 0.0% |

Q-7 Please rate your overall confidence and comfort level for providing HIV/AIDS information (Circle one choice):

| | Good 5 | <----- 4 | 3 | -----> 2 | Poor 1 |
|----------|-----------|-------------|-------|-------------|-----------|
| Response | 17.4% | 45.3% | 33.7% | 3.2% | 0.5% |

Q-8 In what ways would you suggest the Office of Public Instruction assist you in removing barriers to presenting effective HIV prevention education?

RESPONSES:

| |
|---|
| THESE WORKSHOPS |
| CONTINUE INSERVICE |
| IMPROVE PARENTAL BARRIERS |
| SEND MORE PEOPLE INTO COMMUNITIES THAT ARE AS ENTHUSIASTIC, WELL-TRAINED, AND AT EASE |
| MAKE IT MANDATORY FOR ALL SCHOOL - LEVELS TO TEACH |
| SUPPORT TV DOCUMENTARY FILMS EDUCATING THE PUBLIC ABOUT HIV/AIDS |
| TRUDI SHJEFLO DOES AN EXCELLENT JOB OF PRESENTING |
| MORE WORKSHOPS ON HIV |
| EDUCATE ALL ADULTS. OUR WORKSHOP WAS NOT ATTENDED BY SUPPORT STAFF OR ADMINISTRATORS |
| ENCOURAGE ADMINISTRATORS TO SUPPORT AND ENCOURAGE EDUCATION FOR ALL |
| REQUIRED WORKSHOPS LIKE TODAY DURING PIR DAYS - VERY GOOD. WORKS WELL TO HAVE STAFF LEVELS IN ONE GROUP - (EG. ALL HIGH SCHOOL) |
| IT WOULD BE NICE TO HAVE FURTHER INFORMATION |
| PROVIDE INSTRUCTIONAL SESSIONS EASILY ACCESSIBLE TO TEACHERS |
| HELP IMPLEMENT SCHOOL DISTRICT POLICY |
| MORE COMMUNICATION, USE MORE STUDENT TRAINERS |
| CONTINUE YOUR CURRENT EFFECT |
| GIVE PUBLIC WORKSHOPS - OVER AND OVER AGAIN - KEEP REPETITIVE SO MESSAGE COMES ACROSS |
| INSPECTION |
| START THE INFO TO STUDENTS AT AN EARLIER AGE |
| CONTINUE WORKSHOPS SUCH AS THIS |
| EDUCATION OF SCHOOL PERSONNEL WHO CAN SHARE THEIR KNOWLEDGE. |
| MORE MATERIALS/TRAINING |
| MORE INFORMATION PROVIDED AND GUIDELINES TO FOLLOW |
| AGE - APPROPRIATE RESOURCES FOR TEACHING SAFE BEHAVIORS AND TOLERANCE |
| HELP GET INFO TO ADMINISTRATION AND COMMUNITY. TRAIN MORE TEACHERS TO WORK IN SCHOOL EDUCATING OTHER TEACHERS |
| THIS WORKSHOP WAS VERY BENEFICIAL - WE NEED MORE TRAINING SUCH AS THIS |
| WORKSHOPS JUST LIKE THIS CONTINUED |
| CONTINUE EDUCATION |
| EDUCATE ADMINISTRATIONS AS TO IMPORTANCE |

| |
|---|
| CONTINUED SUPPORT FOR THE TRAINERS AND THEIR WORKSHOPS |
| THE BARRIERS ARE SOCIAL AND WILL ONLY DISAPPEAR WITH EDUCATION OF POPULATION |
| COMMUNITY EDUCATION, PAMPHLETS TO RELIEVE PARENTAL FEARS OF "SEX ED" |
| PRINCIPALS NEED TO BE PRESENT FOR TRAINING, SO SAFETY MEASURES CAN BE IMPLEMENTED |
| INTERCURRICULAR MATERIALS |
| AGGRESSIVE PUBLIC EDUCATION |
| CONTINUE WORKSHOPS LIKE THIS |
| TO GET MORE INVOLVED WITH STUDENTS AND ASKING WHAT THEY THINK |
| HAVING WORKSHOPS JUST LIKE THESE |
| WORKSHOPS LIKE THIS SHOULD BE PRESENTED TO ALL STUDENTS AS WELL AS TEACHERS |
| HAVING WORKSHOPS IN SCHOOLS |
| LET THE CURRICULUM BE BETTER KNOWN, HAVE PEERS TEACH |
| PROVIDE MORE WORKSHOP/CLASSES TO TEACHERS AND STUDENTS |
| SEND OUT MONTHLY UPDATE NEWSLETTERS ON ALL SEXUALLY TRANSMITTED DISEASES |
| AIDS IS REAL, IT SHOULD BE PRESENTED THAT WAY |
| ACTIVITIES RELATING TO THE SUBJECT |
| MORE PRESENTATIONS |
| BRING IN SPEAKERS, MORE REAL LIFE, HANDS ON MATERIAL |
| PARENT INFORMATION - WORKSHOPS FOR THEIR KNOWLEDGE |
| ALLOW TIME AT ELEMENTARY TO TEACH |
| MORE WORKSHOPS FOR STUDENTS AND PARENTS |
| PARENTS INFORMATION TO HELP REDUCE RESISTANCE |
| DO MORE WORKSHOPS: OFFER CLASS FOR CREDITS IN SUMMER |
| IS IT MANDATED K-12 |
| DISCUSS TO SCHOOL DISTRICTS THE FACT THAT CURRICULUM GUIDELINES NEED TO BE CHANGED TO FIT THE TIMES |
| MORE INSERVICE, MAYBE ON P.I.R. DAYS |
| LIST OF FILMS THROUGH THE STATE LIBRARY ON THIS TOPIC |
| MAKE SURE ADMINISTRATORS ATTEND THESE WORKSHOPS |
| KEEP SENDING HEALTH TEACHERS INFORMATION |
| REQUIRE HIV/AIDS INSTRUCTION IN ELEMENTARY-HIGH SCHOOL CURRICULUM |

Q-9 What improvements or other topic areas do you think should have been covered in this workshop?

RESPONSES:

| |
|--|
| SAYING NO SKILLS |
| REFUSAL SKILLS (NOT ENOUGH TIME TO COVER EVERYTHING) |
| "JUST SAY NO" OR OTHER ALTERNATIVES FOR STUDENTS |
| STUDENT INCLUSION IN TRAINING IS SUPER |
| IT WAS GREAT |
| EVERYTHING AT THIS TIME PRESENTED WELL |
| HEPATITIS B EDUCATION TO EVERY SCHOOL PERSONNEL |
| GREAT JOB |
| MORE TIME SPENT - GOOD INFORMATION |
| MORE ON HEPATITIS B |
| GOOD JOB - VERY INFORMATIVE - EVEN THE 2ND TIME AROUND |
| STDs TIME FOR QUESTION/ANSWER. CONDOM USE. EXCELLENT INFORMATION - ACTIVITIES - VERY WELL DONE |
| NOT ENOUGH TIME - BUT Q-2C & 8 NEED TO BE DEALT WITH SO KIDS KNOW HOW TO SAY "NO" TO PEER PRESSURE SEXUAL ACTIVITY |
| USE OF PREVENTATIVE METHODS |
| INSTRUCTION GUIDELINES FOR CURRICULUM USE IN THE CLASSROOM |
| MORE TIME |
| EXCELLENT INFORMATION |
| HOMOSEXUALITY |
| THERE IS SO MUCH INFO THAT MORE TIME COULD BE USED |
| NO IMPROVEMENTS JUST MORE TIME |
| THEY DID A GREAT JOB |
| I'M NOT SURE OF DISTRICT'S "POLICY" |
| MORE PUSH FOR ABSTINENCE |
| GREAT JOB |
| SUPPORT GROUPS FOR TEENAGE ALTERNATIVE |
| IT WAS VERY WELL DONE |
| MORE TIME FOR IN-DEPTH EDUCATION |
| STD INFO |
| TEACHING PREVENTION TOOLS |
| OTHER STDs |
| CAN'T THINK OF ANY, GIVEN THE TIME ALLOTTED FOR THE WORKSHOP |

| |
|--|
| HOW TO PROPERLY TEACH & IN WHAT SUBJECT AREAS SHOULD IT BE DONE |
| DEALING WITH INFECTED STAFF AND STUDENTS |
| EVEN MORE DISCUSSION - IT BROUGHT OUT A LOT OF IDEAS |
| TEACH MORE WAYS OF BEING AFFECTIONATE WITHOUT SEX |
| I THINK THEY COVERED WHAT NEEDED TO BE COVERED |
| THE WORKSHOP WAS TAUGHT WELL |
| ALL STDs |
| REINFORCE DECISION-MAKING AND REFUSAL SKILLS |
| MORE STD (STI) INFO, BUT LACK OF TIME |
| WAYS TO TEACH STUDENTS EFFECTIVE WAYS OF CHOOSING A RESPONSIBLE LIFE STYLE |
| A LITTLE BIT MORE ON ALCOHOL |
| DIFFERENT WAYS OF SHOWING AFFECTION OTHER THAN SEX |
| NICE WORKSHOP |
| ANY UPDATE - MEDICATIONS AND TREATMENTS |
| I WAS VERY DISTURBED ABOUT THE INFO GIVEN ON HOMOSEXUALITY. IT WAS PRESENTED THAT IT IS PRESENT AT BIRTH AND INFLUENCED BY GENETICS , HORMONES |
| MORE INFO ON HOW THE VIRUS WORKS, CURRENT RESEARCH, ESP. SEARCH FOR A VACCINE, STUDIES OF THOSE PEOPLE WHO HAVE LIVED SEVERAL YRS WITH HIV |
| OFFER WAYS/IDEAS TO WORK CLOSER WITH PARENTS TO GET INFO TO THEIR KIDS |
| MORE ON ABSTINENCE METHODS. ALTERNATIVE CHOICE-MAKING METHODS. STUFF AVAILABLE FOR 5TH GRADE LEVELS |
| THIS WORKSHOP DID NOT COVER RELEVANT MATERIAL THAT I CAN USE IN MY CLASSROOM. I NEED INFORMATION THAT I CAN PRESENT TO 7TH AND 8TH GRADERS |
| MORE DISCUSSION ON RISK BEHAVIORS AND ALTERNATIVE CHOICES |
| ACTIVITIES FOR KIDS THAT ALLOW NON-SEXUAL INTERACTION |
| MORE ON NON-SEXUAL WAYS OF DISPLAYING AFFECTION |
| I FELT IT WAS A GOOD WORKSHOP AND TALKING ABOUT HEPATITIS B BLENDED IN AND MADE IT INTERESTING |
| HIV/AIDS HISTORY |
| HEP B PREVENTION - HOW IS IT CONTRACTED. |
| HAVE A COPY OF EACH SCHOOL DISTRICT'S GUIDELINES FOR CONTRAST OR EXAMPLES OF "POOR" POLICY VS. GOOD WORKING POLICY ("DREAM POLICY") |

Q-10 How would you rate this workshop?

| | Superior 5 | <----- 4 | 3 | -----> 2 | Poor 1 |
|----------------|---------------|-------------|------|-------------|-----------|
| Overall | 50.5% | 45.4% | 3.6% | 0.5% | 0.0% |

| | Superior 5 | <----- 4 | 3 | -----> 2 | Poor 1 |
|--------------------|---------------|-------------|------|-------------|-----------|
| Information | 54.6% | 40.7% | 4.6% | 0.0% | 0.0% |

| | Superior 5 | <----- 4 | 3 | -----> 2 | Poor 1 |
|------------------|---------------|-------------|------|-------------|-----------|
| Materials | 56.2% | 38.1% | 5.2% | 0.5% | 0.0% |

| | Superior 5 | <----- 4 | 3 | -----> 2 | Poor 1 |
|-------------------|---------------|-------------|------|-------------|-----------|
| Strategies | 57.7% | 34.0% | 7.7% | 0.5% | 0.0% |

| | Superior 5 | <----- 4 | 3 | -----> 2 | Poor 1 |
|---------------|---------------|-------------|------|-------------|-----------|
| Skills | 56.0% | 35.8% | 8.3% | 0.0% | 0.0% |

APPENDIX B
EVALUATION INSTRUMENTS

1995-96
HIV/AIDS REGIONAL TRAINING EVALUATION

Thanks for participating in today's workshop. You can help us improve future workshops by providing your candid assessment of your experience here today. Please take a few minutes to complete the following questions. There is no need to put your name on this form; your answers will be anonymous. Mark the appropriate item to indicate your response.

1995-96
HIV/AIDS KNOWLEDGE INVENTORY

Q-1 Please circle the appropriate number to indicate your knowledge level in the listed areas **before** and **after** this workshop. (1 is a low knowledge level; 5 is a high knowledge level)

| <u>Knowledge Component</u> | <u>Knowledge Before the Workshop</u> | <u>Knowledge After the Workshop</u> |
|---|--|---|
| A) HIV and AIDS terminology | 1 2 3 4 5 | 1 2 3 4 5 |
| B) HIV/AIDS disease information | 1 2 3 4 5 | 1 2 3 4 5 |
| C) STD information | 1 2 3 4 5 | 1 2 3 4 5 |
| D) Risk behaviors | 1 2 3 4 5 | 1 2 3 4 5 |
| E) Transmission methods | 1 2 3 4 5 | 1 2 3 4 5 |
| F) Transmission prevention | 1 2 3 4 5 | 1 2 3 4 5 |
| G) Dealing with HIV-infected students or staff persons | 1 2 3 4 5 | 1 2 3 4 5 |
| H) Safety (universal precautions) | 1 2 3 4 5 | 1 2 3 4 5 |
| I) Teaching how to refrain from engaging in sexual intercourse | 1 2 3 4 5 | 1 2 3 4 5 |
| J) Non-sexual ways of displaying affection | 1 2 3 4 5 | 1 2 3 4 5 |
| K) Human sexuality information | 1 2 3 4 5 | 1 2 3 4 5 |
| L) Skills development (decision-making skills, refusal skills, problem solving and critical thinking) | 1 2 3 4 5 | 1 2 3 4 5 |
| M) Curriculum materials and other resources | 1 2 3 4 5 | 1 2 3 4 5 |
| N) Policy issues: | | |
| -education for all students | 1 2 3 4 5 | 1 2 3 4 5 |
| -human rights/discrimination | 1 2 3 4 5 | 1 2 3 4 5 |
| -safety (blood/body fluid cleanup, etc.) | 1 2 3 4 5 | 1 2 3 4 5 |

1995-96
HIV PREVENTION EDUCATOR ABILITY INVENTORY

Q-2 Now that you have participated in a comprehensive staff development workshop for HIV educators, how confident are you that you can:

| | <u>Completely Confident</u> | <u>Very Confident</u> | <u>Somewhat Confident</u> | <u>Not Very Confident</u> | <u>Not At All Confident</u> |
|---|---------------------------------|---------------------------|-------------------------------|-------------------------------|---------------------------------|
| A) Present accurate information to students | 5 | 4 | 3 | 2 | 1 |
| B) Answer parent's questions about HIV information | 5 | 4 | 3 | 2 | 1 |
| C) Help students to develop skills to refrain from sex | 5 | 4 | 3 | 2 | 1 |
| D) Explain to students at appropriate ages how a condom should be used | 5 | 4 | 3 | 2 | 1 |
| E) Increase students' tolerance toward people with HIV or AIDS | 5 | 4 | 3 | 2 | 1 |
| F) Help students reach a more accurate perception of their risk to infection with HIV | 5 | 4 | 3 | 2 | 1 |

1995-96
HIV PREVENTION EDUCATION BARRIER INVENTORY

Q-3 Listed below are potential barriers to implementing effective HIV prevention education in schools. Please rate the extent to which each potential barrier affects HIV prevention education in your school.

| | Major Barrier <-----> Not A Barrier | | | | |
|---|---|---|---|---|---|
| A) Lack of curricular materials appropriate for use in our school. | 5 | 4 | 3 | 2 | 1 |
| B) Lack of staff expertise in teaching HIV prevention to our students. | 5 | 4 | 3 | 2 | 1 |
| C) Difficulty integrating AIDS materials into an already saturated curriculum. | 5 | 4 | 3 | 2 | 1 |
| D) Perceptions that youth in our community are not at risk of HIV infection. | 5 | 4 | 3 | 2 | 1 |
| E) Parental resistance to HIV education school settings. | 5 | 4 | 3 | 2 | 1 |
| F) Concern that sexually-explicit information will encourage promiscuous sexual behavior. | 5 | 4 | 3 | 2 | 1 |
| G) Inadequate support from the Office of Public Instruction. | 5 | 4 | 3 | 2 | 1 |
| H) Lack of district or school guidelines. | 5 | 4 | 3 | 2 | 1 |
| I) Lack of staff comfort in teaching HIV. | 5 | 4 | 3 | 2 | 1 |

1995-96

HIV PREVENTION EDUCATION GENERAL QUESTIONS

Q-4 Have you attended any other OPI-sponsored HIV/STD prevention workshop in the past three years?

A) Yes

B) No

Q-5 Are you taking this workshop for teacher certification renewal units?

A) Yes

B) No

Q-6 Please rate your overall knowledge level of HIV/AIDS information (**Circle one choice**):

Good<----->Poor
5 4 3 2 1

Q-7 Please rate your overall confidence and comfort level for providing HIV/AIDS information (**Circle one choice**):

Good<----->Poor
5 4 3 2 1

Q-8 In what ways would you suggest the Office of Public Instruction assist you in removing barriers to presenting effective HIV prevention education?

Q-9 What improvements or other topic areas do you think should have been covered in this workshop?

1995-96
HIV PREVENTION EDUCATION SUMMARY EVALUATION

Q-10 How would you rate this workshop?

| | Superior <-----> Poor | | | | |
|---------------------|-----------------------|---|---|---|---|
| Overall | 5 | 4 | 3 | 2 | 1 |
| Information | 5 | 4 | 3 | 2 | 1 |
| Materials | 5 | 4 | 3 | 2 | 1 |
| Teaching Strategies | 5 | 4 | 3 | 2 | 1 |
| Skills Practice | 5 | 4 | 3 | 2 | 1 |

PLEASE LEAVE THIS EVALUATION FORM WITH THE WORKSHOP PRESENTER

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS EVALUATION

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